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NOV 1 3 2006

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FACSIMILE TRANSMISSION

Date: 11/13/2006

Pages: 18 (including this page)

To:

USPTO

From: Cynthia K. Nicholson

Fax No.:

571-273-8300

Subject:

Amendment

 Applicant: Tada
 Serial No.: 10/814,803

 Filing Date: 4/1/2004
 Atty Dkt.: 01-627

Comments:

Title: MULTI-LAYER PRINTED CIRCUIT BOARD AND METHOD FOR MANUFACTURING THE SAME

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) 14-page Amendment; and
- (4) Petition for Extension of Time (1 month).

CERTIFICATE OF FACSIMILE TRANSMISSION

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NOV 1 3 2006

		Application Number	10/81	4,803					
TRANSMITTAL		Filing Date	4/1/20	004					
FORM		First Named Inventor	TADA						
		Art Unit	2841						
(to be used for all correspondence after initial filing)		Examiner Name	Jeremy C. NORRIS						
Total Number of Pages in This Submission		Attorney Docket Number	01-627						
ENCLOSURES (Check all that apply)									
☑ Fee Transmittal Form		Drawing(s)		After Allowance communication to (TC)					
☐ Fee Attached		Licensing-related Papers		Appeal Communication to Board of					
☑ Amendment / Raply		Petition		Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
☐ After Final		Petition to Convert to a Provisional Application		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Ad-	dress	Status Letter					
☑ Extension of Time Request □		Terminal Disclaimer		Other Enclosure(s) (please identify below):					
Express Abandonment Request		Request for Refund							
☐ Information Disclosure Statement ☐		CD, Number of CD(s)							
Certified Copy of Priority		Landscape Table on CD							
Document(s)	erks								
Reply to Missing Parts/ Incomplete Application									
Reply to Missing Parts under 37 CFR 1,52 or 1,53			r						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name									
Signature Posz Lew Group PLC									
Printed name Cyntaia K. Nicholson		<u> </u>							
Date 13 November 2006	13 November 2006 Reg. No. 36,880								
	CERTI	FICATE OF TRANSMISSION/	MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature Cool Niste									
Typed or printed name									

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1		!	A antication bloom	40/044 003				
			Application Number	10/814,803				
l FEE	TRANSMITT	ΔΙ Ι	Filing Date	4/1/2004				
			First Named Inventor					
Applicant C	lalanaII anath . dan O		Examiner Name	Jeremy C, N	IORRIS			
	laims small entity status. See 37 CFR 1	27	Art Unit	2841				
TOTAL AMOUNT C			Attorney Docket No.	01-627				
METHOD OF PAY	MENT (check all that apply)							
Check None Cither (please identify):								
	count Deposit Account Number. 50-11		Deposit Account Name:	Posz Law Groun	n PLC			
Per Deposit Account Deposit Account Number. 50-1147 Deposit Account Name: Posz Law Group, PLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) [7] Charge fee(s) indicated below								
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1,16 and 1,17 Credit any overpayments								
					-			
FEE CALCULATION	N EARCH, AND EXAMINATION FEES							
1. DASIG FILING, G		ARCH FEES	FXAMINA'	TION FEES				
	Small Entity	Small Enti	<u>.</u> .	Small Entity				
Application Typ			<u>Fee (\$)</u>	Fee (\$)	Fees Pald (\$)			
Utility		00 250	200	100	\$			
Design	•	00 50	130	65				
Plant		150	160	80				
Reissue		00 250	600	300				
Provisional	160 80	0 0	0	0				
2. EXCESS CLAIM	FEES				Small Entity			
Fee Description Each claim over 20 o	r, for Reissues, each claim over 20 and more	e than in the onc	énal codact		Fee (\$) Fee (\$) 50 25			
Each independent cla	sim over 3 or, for Reissues, each Independer	nt daim more th	an in the original patent	t	200 100			
Multiple dependent o	emis	_			360 180			
Total Claims	Extra Claims Fee (5)	Fee Pald	(2)	Multiple Dependent C				
	total claims paid for, if greater than 20	-		Fee (\$) Fe	ee Paid (\$)			
indep. Claims	Extra Claims Fee (5)	Fee Paid	(\$)					
	HP=x	-	_					
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3. APPLICATION SI If the specification and		andirotion giza	ina diya is	\$ (\$ for small entil	2.4			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets Number	of each additio	nal 50 or fraction then		Fee Paid (\$)			
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Sp	ecification, \$130 fee (no small entit	A - discount			Fees Paid(\$)			
	•	ty discourity						
Other_Petition for Extension of Time (1 month)								
SUBMITTED BY								
Signature	and Nich	Registration (Attorney/Agen		Telephone	(703) 707-9110			
Name (Print/Type)	Cynthia K. Nicholson			Date	13 November 2008			